

# Stress and Psychological Disorders in Great Britain 2013

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# Introduction

The information in this document relates to Health and safety statistics for 2011/12. The document can be found at: [www.hse.gov.uk/statistics/causdis/stress/](http://www.hse.gov.uk/statistics/causdis/stress/)

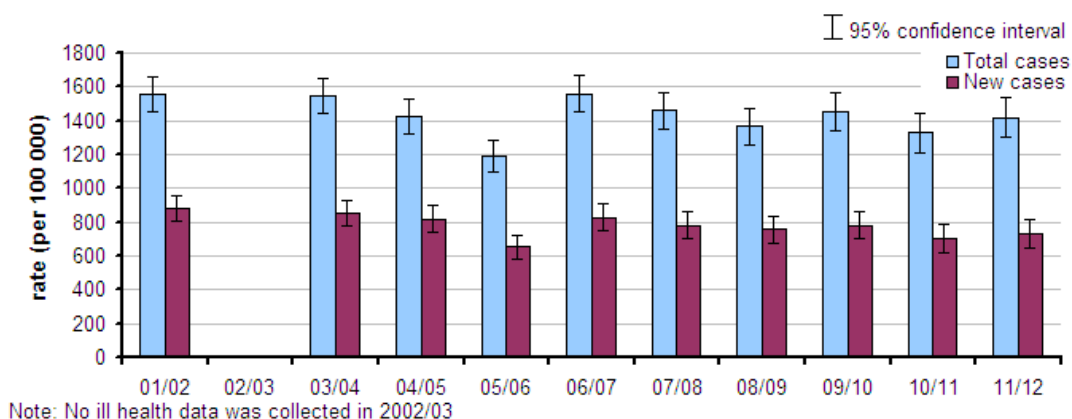
Work-related stress is defined as a harmful reaction that people have to undue pressures and demands placed on them at work. By its very nature, stress is difficult to measure and HSE have three different data sources from which to conduct analysis. The preferred data source used by HSE for calculating rates and estimates for stress, depression or anxiety (referred to as stress hereafter) is the ONS Labour Force survey. In addition to this, HSE also collects data on work-related stress through the THOR GP scheme. The annual Psychosocial working conditions survey is also available, which was conducted between 2004 and 2010. This measures elements of the HSE Management Standards.

Stress has consistently been one of the most commonly reported types of work-related illness cited in the national Labour Force Survey (LFS) conducted by the Office for National Statistics (ONS). Based on the LFS, the estimated cases of work-related stress, both prevalence (total) and incidence (new) cases have remained broadly flat over the past decade.

The latest estimates from the Labour Force Survey show:

- The prevalence of stress in 2011/12 was 428 000 cases (40%) out of a total of 1 073 000 cases for all work-related illnesses.
- The industries that reported the highest rates of total cases of work-related stress (three-year average) were human health and social work, education and public administration and defence.
- The occupations that reported the highest prevalence rates of work-related stress (three-year average) were health professionals (in particular nurses), teaching and educational professionals and caring personal services (in particular welfare and housing associate professionals).
- The main work activities attributed by respondents as causing their work-related stress, or making it worse, were work pressure, lack of managerial support and work related violence and bullying.

**Figure 1.** Prevalence and incidence rates of work-related stress, depression or anxiety in GB.



## Industry and Occupation

The industries with the highest estimated prevalence rate of work-related stress in GB averaged over the last three years (2009/10 - 2011/12) were as follows;

Human health and social work activities with 2 090 cases per 100 000 people working in the last 12 months, education with 1 780 cases per 100 000 people, and public administration and defence with 1 810 cases per 100 000 people working in the last 12 months.

These industries have significantly higher estimated prevalence rates of work-related stress than across all industries averaged over 2009/10 - 2011/12.

When comparing the estimated prevalence rates of work-related stress in these three industry areas with the average of the previous three year period (2006/07-2008/09) there has been no statistical significant change in education and human health and social work. However, public administration and defence is statistically significantly lower than in the earlier period.

The occupations with the highest estimated prevalence rate of work-related stress in GB, averaged over the last three years (2009/10 - 2011/12) were as follows;

Nurses with 2 730 cases per 100 000 people working in the last 12 months, teaching and education professionals with 2 340 cases per 100 000 people, and welfare and housing associate professionals with 2 290 per 100 000 people.

These occupations have statistically significantly higher estimated prevalence rates of work-related stress than across all occupations averaged over 2009/10 - 2011/12.

When comparing the estimated prevalence rate of work-related stress for nurses, and teaching and educational professional occupations with the average of the previous three year period (2006/07 - 2008/09), there has been no statistical significant change. However, the prevalence rate for welfare and housing associate professionals is statistically significantly lower than in the earlier period.

For further information relating to stress by industry and occupation see;

[www.hse.gov.uk/statistics/lfs/strind2\\_3yr.xls](http://www.hse.gov.uk/statistics/lfs/strind2_3yr.xls)

[www.hse.gov.uk/statistics/lfs/strocc2\\_3yr.xls](http://www.hse.gov.uk/statistics/lfs/strocc2_3yr.xls)

[www.hse.gov.uk/statistics/lfs/strind4\\_3yr.xls](http://www.hse.gov.uk/statistics/lfs/strind4_3yr.xls)

[www.hse.gov.uk/statistics/lfs/strocc4\\_3yr.xls](http://www.hse.gov.uk/statistics/lfs/strocc4_3yr.xls)

## Age and Gender distribution

In 2011/12 there was an estimated incidence of 86 000 male and 135 000 female cases of work-related stress based on the Labour Force Survey. This compares to an estimates prevalence of 175 000 cases of work related stress amongst males and 253 000 cases of work related stress amongst females.

Females have a statistically significantly higher estimated incidence rate than males in 2011/12.

For males, the 16 – 34 and 55+ age groups have a statistically significantly lower incidence rate than the average rate for all persons.

The 45 - 54 age group has the highest incidence rate for the combined male and female group.

The age group with the highest incidence rate for females is the 35 – 44, and this is statistically significantly higher than the average rate for all persons.

Males have a statistically significantly lower prevalence rate in 2011/12 compared to 2001/02, whilst the rate amongst females has remained unchanged.

The latest available three year average data from THOR GP for 2007-2009 corroborates the age grouping of 45 - 54 in both males and females as representing the greatest percentage of cases of work related mental ill health. This age group accounts for 33% of all male cases and 34% of all female cases. (THORP02).

For further information relating to stress by age and gender see;

[www.hse.gov.uk/statistics/lfs/strage2w12.xls](http://www.hse.gov.uk/statistics/lfs/strage2w12.xls)

[www.hse.gov.uk/statistics/lfs/strage3.xls](http://www.hse.gov.uk/statistics/lfs/strage3.xls)

[www.hse.gov.uk/statistics/tables/thorp02.xls](http://www.hse.gov.uk/statistics/tables/thorp02.xls)

## Size of Workplace

Based on the LFS, small workplaces (<50 employees) had the lowest prevalence rate of stress with an estimated 1 040 cases per 100 000 people, followed by medium workplaces (50-249 employees) estimated at 1 140 cases per 100 000 people and the highest rate was amongst large workplaces (250+ employees) with an estimated 1 780 cases per 100 000 in 2011/12.

The rate for large workplaces was statistically significantly higher than both small and medium workplaces in 2011/12.

Data available from THOR GP does not extend to the detail size of the workplace so the sole source of data available to HSE for stress and workplace size is the LFS.

For further information relating to stress by size of workplace see;

[www.hse.gov.uk/statistics/lfs/strsize2.xls](http://www.hse.gov.uk/statistics/lfs/strsize2.xls)

[www.hse.gov.uk/statistics/lfs/strsize6.xls](http://www.hse.gov.uk/statistics/lfs/strsize6.xls)

## Country and Region of Residence

The estimated total number of cases of work-related stress reported by constituent country for Great Britain (England, Wales and Scotland), were 383 000 cases in England, between 11 000 and 26 000 cases in Wales and 27 000 cases in Scotland in 2011/12. The rates of work-related stress by country were of similar order for England and Wales, but Scotland carried a statistically significantly lower rate than England. No individual country has observed a statistically significant change in the prevalence rate of stress compared with 2001/02. At the regional level only the West Midlands and London have observed a statistically significant change in their rates in 2011/12 compared with 2001/12. In both instances, the rates were lower.

The prevalence rate of work-related stress has been broadly similar across the regions of England in 2011/12, with the exception of the West Midlands, which is statistically significantly lower than the average across England.

There are no estimates for countries and regions available from THOR GP relating to stress to add any further perspective at a geographical level so the LFS is the sole source of data.

For further information relating to stress by country and region see;

[www.hse.gov.uk/statistics/lfs/strgor1w12.xls](http://www.hse.gov.uk/statistics/lfs/strgor1w12.xls)

[www.hse.gov.uk/statistics/lfs/strgor2w12.xls](http://www.hse.gov.uk/statistics/lfs/strgor2w12.xls)

## Causes of stress by self report (LFS) and THOR-GP

The LFS estimated that the main work activities causing work-related stress, or making it worse (averaged over 2009/10-2011/12) were;

1. Workload (incl. tight deadlines, too much work, pressure or responsibility) with an estimated prevalence of 186 000 cases;
2. Lack of managerial support with an estimated prevalence of 61 000 cases; and
3. Violence, threats and bullying with an estimated prevalence of 54 000 cases.

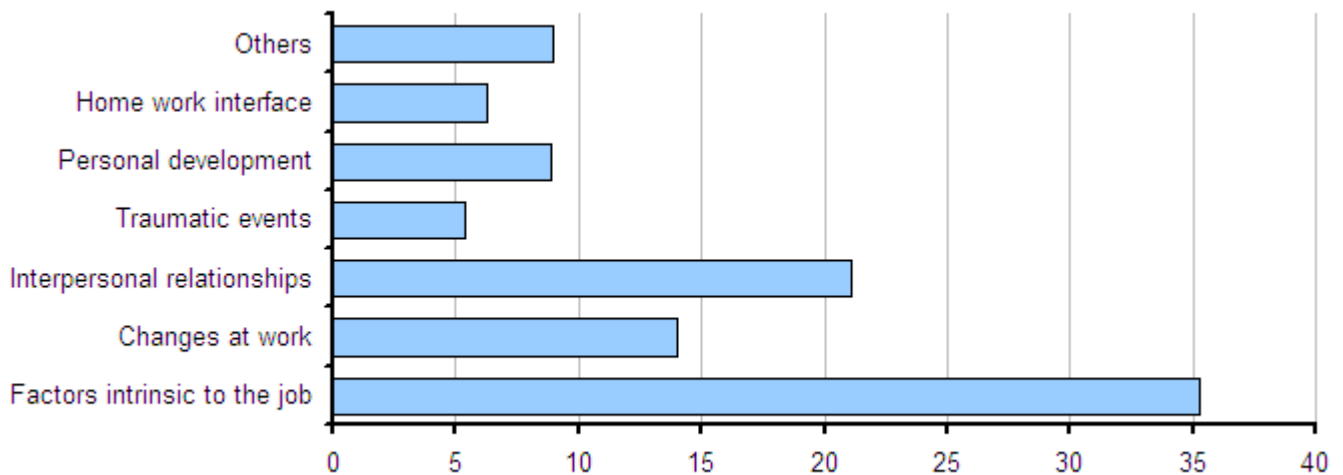
THOR-GP is a project which uses a research network of General Practitioners with training in Occupational Medicine to determine the incidence of occupational disease, work-related ill health and sickness absence burden in the UK. It is part of the THOR network and programme of research and is funded by the Health and Safety Executive.

Participating GPs are requested to return specific information on new cases of occupational ill-health that they see in their clinical practice, and on related sickness absence. Data is collected on symptoms or diagnosis, occupation, industry and the likely causative agent.

For further information see link below

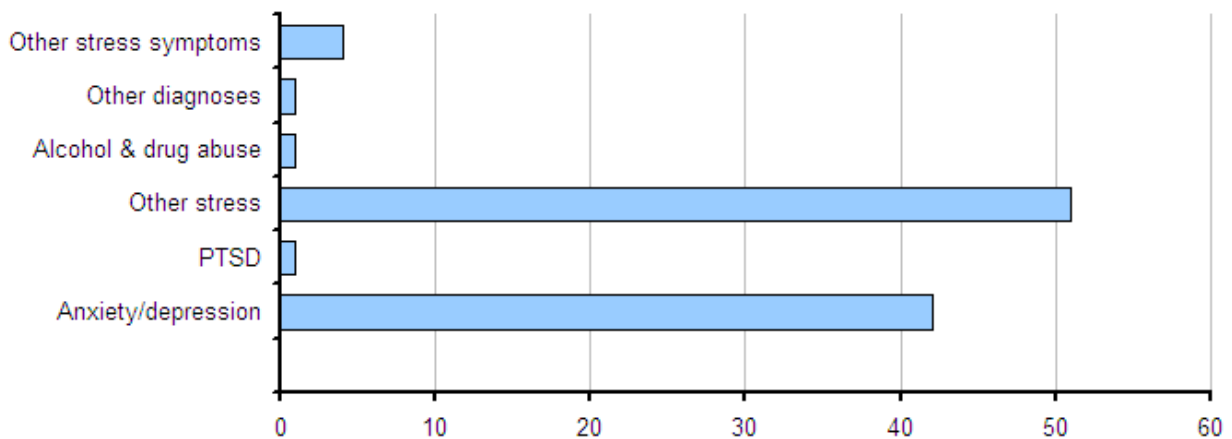
[www.population-health.manchester.ac.uk/epidemiology/COEH/research/thorgp/clinicalguidelines/](http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thorgp/clinicalguidelines/)

**Figure 2** Breakdown of mental ill health cases by precipitating event 2010-2012



In terms of diagnosis in work related mental ill- health THOR GP suggests that anxiety and depression is the largest single factor though there were many others. Further information on diagnosis will be found on the table links below.

**Figure 3** Breakdown of mental ill health by Diagnosis 2010-2012



In terms of causative factors relevant to work related mental ill – health THOR GP suggests that factors intrinsic to the job, changes at work and interpersonal relationships are three main factors causing work related mental ill health.

For further detail see:

[www.hse.gov.uk/statistics/tables/thorgp14.xls](http://www.hse.gov.uk/statistics/tables/thorgp14.xls)

[www.hse.gov.uk/statistics/tables/thorgp16.xls](http://www.hse.gov.uk/statistics/tables/thorgp16.xls)

## Working days lost

Work-related stress caused workers in Great Britain to lose 10.4 million working days in 2011/12 based on the LFS data. Male workers accounted for an estimated 4.6 million days off work whilst female workers accounted for an estimated 5.8 million. This represents a decrease in annual working days lost since 2001/02, when it was 12.9 million days in total.

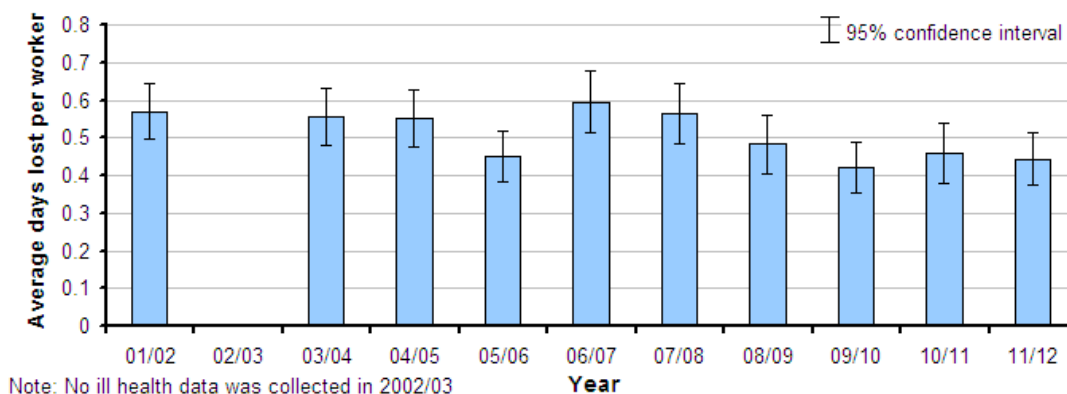
On average, each person suffering from this condition took 24 days off work. This is one of the highest average days lost per case figure amongst the recognised health complaints covered in the LFS (see: [www.hse.gov.uk/statistics/lfs/swit1.xls](http://www.hse.gov.uk/statistics/lfs/swit1.xls)).

Large size workplaces were estimated to have significantly higher days lost per worker than both medium and small size workplaces in 2011/12. Of the three workplace sizes, only the medium size has a statistically significantly lower rate in 2011/12 when compared to the figures in 2003/04.

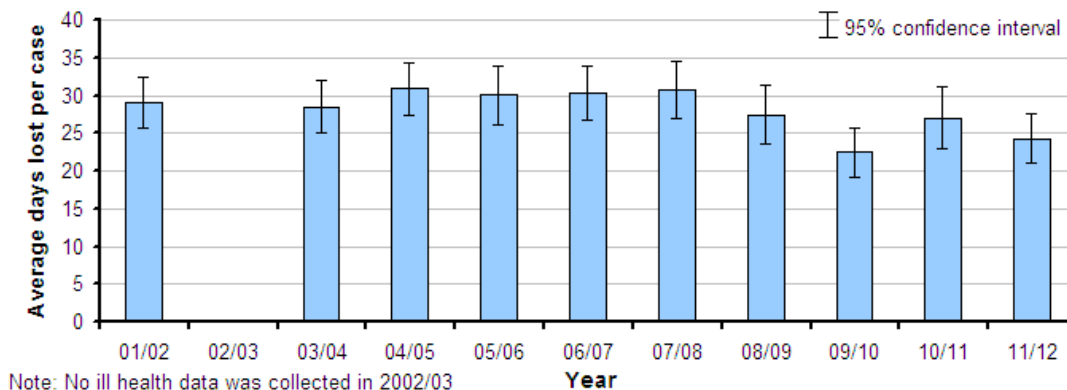
The average annual working days lost officially certified as due to mental ill health under THOR GP between 2008 and 2010 is 6.2 million. This represented 57% of the total of all reported days of sickness under THOR.

Whilst the figure recorded under THOR is lower than the estimates provided by the LFS it represents only the official diagnosis by those medical practitioners involved in the THOR scheme.

**Figure 4** Average working days lost per worker (Labour Force Survey)



**Figure 5** Number of working days lost per case (Labour Force Survey)



For further information relating to stress and working days lost see;

[www.hse.gov.uk/statistics/lfs/swit1.xls](http://www.hse.gov.uk/statistics/lfs/swit1.xls)

[www.hse.gov.uk/statistics/lfs/strage3.xls](http://www.hse.gov.uk/statistics/lfs/strage3.xls)

[www.hse.gov.uk/statistics/lfs/strsize2.xls](http://www.hse.gov.uk/statistics/lfs/strsize2.xls)

[www.hse.gov.uk/statistics/lfs/strsize4.xls](http://www.hse.gov.uk/statistics/lfs/strsize4.xls)

[www.hse.gov.uk/statistics/lfs/strsize6.xls](http://www.hse.gov.uk/statistics/lfs/strsize6.xls)

[www.hse.gov.uk/statistics/tables/thorgp01.xls](http://www.hse.gov.uk/statistics/tables/thorgp01.xls)

## **National Statistics**

National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

An account of how the figures are used for statistical purposes can be found at

[www.hse.gov.uk/statistics/sources.htm](http://www.hse.gov.uk/statistics/sources.htm) .

For information regarding the quality guidelines used for statistics within HSE see

[www.hse.gov.uk/statistics/about/quality-guidelines.htm](http://www.hse.gov.uk/statistics/about/quality-guidelines.htm)

A revisions policy and log can be seen at [www.hse.gov.uk/statistics/about/revisions/index.htm](http://www.hse.gov.uk/statistics/about/revisions/index.htm)

Additional data tables can be found at [www.hse.gov.uk/statistics/tables/index.htm](http://www.hse.gov.uk/statistics/tables/index.htm).

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